

Date: xxx

Address

Dear: AO

This letter and the enclosed application is being sent in response to your expressed interest in applying for deeming authority for Medicare+Choice (M+C) coordinated care plans.<sup>1</sup> A private, national accrediting organization may seek deeming authority in six categories: quality assurance, access to services, provider participation rules, information on advance directives, antidiscrimination, and confidentiality and accuracy of enrollee records.<sup>2</sup> An accrediting organization may seek approval to deem any or all of these categories. HCFA may approve an organization for all or some categories for which they apply. In each deeming category that they seek authority, an applicant must demonstrate that their program meets or exceeds Medicare requirements.<sup>3</sup> All of the information submitted must be related to the organization's program for accrediting organizations that fit the definition of a coordinated care plan that is specified in 42 CFR Part 422.4.

Your application package contains:

- A **checklist** showing all information to be included in your application. **Your application should include six (6) copies of the information asked for on the checklist.**
- A computer disk with MS Access 97 tables for submitting a crosswalk between your accreditation program and Medicare requirements (discussed in more detail below).
- A copy of the DRAFT revised QISMC standards and guidelines.
- A draft copy of HCFA's M+C monitoring guide that reflects recent changes.

Central to your application is the completion of a crosswalk that compares your organization's accreditation standards, requirements and survey process with the applicable Medicare requirements. The enclosed disk contains tables to guide you in providing the needed information for each of the deeming categories and type of M+C coordinated care plan (i.e., HMO and PPO). Specifically, you will need to show separately for each Medicare requirement (1) your organization's relevant standard(s), (2) a description of the process your organization uses to assess compliance with your standard(s), and (3) a statement on how/why the standards and processes meet or exceed Medicare requirements.

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<sup>1</sup> 42 CFR 422.4 defines a coordinated care plan as an entity that "includes a network of providers that are under contract or arrangement with the organization to deliver the benefit package approved by HCFA."

<sup>2</sup> To qualify as a private, national accrediting organization an entity must demonstrate that they (1) have accredited managed care organizations (MCOs) in multiple states; (2) are recognized as an accrediting body by the managed care industry and relevant national associations; (3) contracts with or employs staff that are appropriately trained and have experience with monitoring MCOs for compliance with the accrediting organizations standards; (4) contracts with or employs sufficient staff to provide accreditation services nationwide; and (5) have experience with accrediting and reaccrediting MCOs.

<sup>3</sup> Medicare requirements are contained in law, regulation and interpretive guidelines (QISMC standards and guidelines).

Upon receipt of your application, we will conduct a completeness review to ensure that your organization has submitted all the required information and materials. When it has been established that your application is complete, HCFA will notify you in writing and start the 210-day review period that is required by law. At that time, HCFA will also prepare a *Federal Register* notice announcing the receipt of your application and describing the process and criteria we will use to evaluate your application. The public has a 30-day period to comment on the information contained in the *Federal Register* notice.

In addition to reviewing the materials you submit, our evaluation of your application will include a site visit to your headquarters. We will also need to conduct an assessment of your accreditation process for M+C plans by observing an accreditation survey at a managed care plan. We will need to schedule these visits to occur within 60 days of determining that the documentary portion of your application is complete. To facilitate this, your application needs to include a list (including name and addresses) of upcoming M+C plan surveys scheduled in the near future. To better understand your accreditation process, HCFA staff may require a meeting with your staff prior to conducting the on-site observation visit.

Please consult section 1852 (e) of the Social Security Act and 42 CFR Parts 422.156, 422.157 and 422.158 for further information regarding the M+C Deeming program. Should you have questions on how to complete your application, please feel free to contact me. In addition, HCFA will provide technical assistance and a forum for responding to any questions you may have. This meeting is scheduled for Friday, August 11, 2000, from 9:00 a.m. to 12:00 p.m., at our Baltimore office.

All application materials should be sent to:

Trisha Kurtz  
Health Care Financing Administration  
C4-23-13  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Phone: (410) 786-4670  
Fax: (410) 786-8933

Completed crosswalks, should be zipped and e-mailed to [pkurtz@hcfa.gov](mailto:pkurtz@hcfa.gov).

Sincerely,

Trisha Kurtz  
Nurse Consultant

Enclosures: